

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101,550,006

FILING DATE

9-14-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			2			
3				1		
4				1		
5				1		
6				1		
7			1			
8			1			
9			1			
10				1		
11				1		
12				1		
13			2			
14				1		
15			2			
16				1		
17				1		
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50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		9	←		←
TOTAL CLAIMS			13			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						